

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible, it should be typed)

Filer Identification	Report Filed		ate	Committee		Lobbyist
Number Name of Filing Committee, Candidate or	J. Michael Lindn	<u> </u>				
Lobbyist Street Address	(a) 					<u> </u>
	2606 Kimberly D					
City Erie		State	PA	Zip Code	16509	
Type of Report (Place x under report type)					*· <u>!</u>	
1-6 th Tuesday 2-2 nd Friday 3-30 Day Po	st 4-6 th Tuesday	5- 2 nd Friday	6-30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
Pre-Primary Pre-Primary Primary	Pre- Election	Pre- Election	Election		Pre-Election	Post-Election
Date Of Election (MM/DD/YYYY) 11/5/2019	Year	2019	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Date	i 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		For	Office Use Only	
Expenditures 04/02/20	9 10	/21/2019				
A. Amount Brought Forward From Last Rep	ort \$	0	<u> </u>			<u> </u>
B. Total Monetary Contributions and Receip (From Schedule I)	ts \$	953.19			<	201
C. Total Funds Available	\$	953.19			S Mm	7019 OCT
(Sum of Lines A and B) D. Total Expenditures	\$				70 <u>FO</u>	<u></u>
(From Schedule III)		935.19			20	25
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0 .				
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0			R-S	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0				\$ \frac{1}{2}
	8 - S - S - S - S - S - S - S - S - S -	Affidavit Sec	tion			
Part 1- If this is a Committee report, treasurer sign	here. If this is a Can	didate report, car	ndidate sign here.	·		
I swear (or affirm) that this report, including the at Sworn to and subscribed before me this	(0)	97 LW	est of my knowledg	e and belief tru	ie, correct and comple	ete.
33 day of October 20 19	dotary Uplic	S 25 S	mill -13	4_		
Sonia Chemand	Vania - Notary Votary Public	es April 3, 202	Signature of Iichael Lindner	Person Submi	tting report	
Signature		expires number la Asso		Printed Name		
My Commission expires 4-3-33	of Pennsyl nandez, N	numb nia Asse	ļ	39724	111	_
MO. DAY YE	hof P	ssion e ssion r ssion r ssion r	ea Code	Dayt	ime Telephone Numbe	er
Part II- If this is a report of a Candidate's Authorize	1 C 1 = 11 "	- E I E	re.			
I swear (or affirm) that to the best of my knowledge amended. Sworn to and subscribed before me this	and belief the political	ticagconningttee h	as not violated any p	provisions of th	e Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	Com	Me				
day of20	- 1		Clani	ture of Candida		_
Signature	_ '			inted Name		
	Ι,		ri	micca mattie		
My Commission expires MO. DAY YR.	_	Are	ea Code	Daytin	ne Telephone Number	.

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)) \$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
Total for the reporting period (2)) \$
3. Contributions Over \$250.00 (From Part C and Part D)	egischer Groupe von der der der gescher der der der der der der der der der d
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
Total for the reporting period (3)) \$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)) \$
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification	n Number		,		
	10 (10 ft) An 10 (20 ft)				
		· · · · · · · · · · · · · · · · · · ·		Ame	ount
Full Name of Co	ntributing		····	Date [MM/DD/YYYY] \$	
Committee			•		
ini	la internation			D Takke (DD KOON)	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	•
Prince and a second					
Full Name of Co	ntributing		A	Date [MM/DD/YYYY] \$	-
Committee					
		····			
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co.	ntributing	auto Nove	Teter Folders (1807)	Date [MM/DD/YYYY] \$	
Committee	THE TOWNER OF			Date [MINI/DD/, 11.11]	
House #	Street Address			Date [MM/DD/YYYY] \$	
Citý	LA Page 1	State	Zip Code	Date [MM/DD/YYYY] \$	
		3.4.0	Lip code	Pate [IMM/DD/1111]	
Full Name of Cor	24.48.34.48.19.19.19.19				
Committee	mound			Date [MM/DD/YYYY] \$	-
House #	Street Address			Date [MM/DD/YYYY] \$	
				Date [min/BD[11]]	
City		State	Zip Code	Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
Full Name of Cor	tributing			Date [MM/DD/YYYY] \$	· .: <u>-</u>
Committee				533 [333 257 134]	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				- Jacobining Dept. 1111	
Full Name of Con	tributing	<u> </u>	Last of the state of	Date [MM/DD/YYYY] \$	
Committee	uneacing.			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	<u></u> -
	Ju cet Addi ess			Sacc Luist Split 111	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
					İ
1. 191 July 1		The state of	N 5		

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification N	lumber:					
ting of section of the section of th	en de la companya de La companya de la co					
					_	
Full Name of Cont	- x - x 200 (00)			Date [MM/DD/YYYY]	\$: •
	J. Michael Lind	iner		04/02/2019		100
House #	Street Address			Date [MM/DD/YYYY]	\$	*.i
2606	Ki	Cimberly Dr		04/17/2019		50
City Erie		State PA	Zip Code 16509	Date [MM/DD/YYYY]	\$	205.35
		racan lak	10003	10/8/2019	lago.	205.35
Full Name of Conti	ributor	· 	· 	Date [MM/DD/YYYY]	`\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	Takke, sterrier keiner	State	Zìp Code	Date [MM/DD/YYYY]	\$	
**************************************				10 11 2 Miles 19 19 19 19 19 19 19 19 19 19 19 19 19		
Full Name of Contr	ributor	Private Company	Process Science Const.	Date [MM/DD/YYYY]	\$	
7775 FEB. (1971)						
House#	Street Address			Date [MM/DD/YYYY]	\$.[
	Jules Address			The Table Management of the company		<i>:</i>
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$	
		Jeac	Man Tarte	Pare limit selvini		
	The state of the s			The state of the s		<u> </u>
Full Name of Contr	ibutor			Date [MM/DD/YYYY]	S	:
House #	Street Address			Date [MM/DD/YYYY]	\$	
				TOTAL STORES		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
			Lip cous	Safe fainth and deced	[]	
Full Name of Contr	ibutor	V 10 15 10 1	And the State of t	Date [MM/DD/YYYY]	\$	
				The state of the s		
House #	Street Address			Date [MM/DD/YYYY]	\$	ļ
				Control of the second s		
City	The Control of the Control	State	Zip Code	Date [MM/DD/YYYY]	\$	
Carriera Victoria				10 a.]
Full Name of Contri	ibutor		Provide the second	Date [MM/DD/YYYY]	\$:
	al Mind Heldo Li Malia					1
House #	Street Address			Date [MM/DD/YYYY]	\$	
						1
City	e pay Co. (1) 1	State	Zip Code	Date [MM/DD/YYYY]	\$	
leiki ost Oliverski					j. H	1

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to Itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

rne ndentilicat	ion/Number:	<u> </u>			
Full Name of Contributing (Sommittee			Date [MM/DD/YYYY] \$	
iHouse#	Street Addr	ess		Date [MM/DD/YYYY] S	
Gity:		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	· · · · · · · · · · · · · · · · · · ·				
Contributing C	ommittee			Date [MM/DD/YYWY] \$	
House#	Street Addr			Date [MM/DD/YYYY] \$	144 47
City	TIME OF SECTION PROPERTY AND	State	Zip Code	Date [MM/DD/YYYY] . '\$	
Full Name of Contributing C	ommittee			Date [MM/JDD/WYYY] '\$	
iHouse#	Street Addr	ess		Date [MM//DD//YYYY] \$	
(City)		State	Zip Code	Date [MM/DD/XYXY] [:5]	
Full Name of Contributing Co	ommittee			Date [MM//DD/YYYY] \$	
House#	Street Addre	ess .		Date [MM/DD/YYYY]	
City	[States food vanish of principles]	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee			Date [MM/DD/XXXY]	
House:#	Street Addre	5966 7		Date [MM/DD/YYYY] \$	
City	Proceedings of the control of the co	State	Zip Code	Date [MM/DD/YYYY] \$	
FulliName of Contributing Co	ımmittee			Date [MM//DD/YYYY] \$	
House#	Street Addre	SS		Date [MM/DD/YYYY]	
Gity	Proc Mac continues Sa	State	Zip Code	Date [MM/DD/YYYY] \$	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

Full Name of Cont	ributor			Date [MM/DD/YYYY] \$	
	J. Michael Lind	Iner		04/02/2019 597.84	
House#	Street Address			Date [MM/DD/YYYY] \$	
2606	Kir	mberly Dr		A20	
City Erie		State PA	Zip Code 16509	Date [MM/DD/YYYY] \$	
Employer Name			Occupation		
Employer Mailing Principal Place of				Residence of the second	
Full Name of Cont				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
Para de la companya del companya de la companya del companya de la		I a I			
City		State	Zip Code	Date [MM/DD/YYYY] .\$	
Employer Name			Occupation		
Employer Mailing Principal Place of I					
Full Name of Cont	7 10 14 15 15 15 15 15 15 15 15 15 15 15 15 15	- · · · · · · · · · · · · · · · · · · ·	·	Date [MM/DD/YYYY] \$	
			-		
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailing Principal Place of I				to second to	
Full Name of Conti	14 e8 (14) and 15 (17) 11 (17)	-		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		State	Zip Code	Date [MM/DD/YYYY] \$	

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer identification Nun	10er:			
FülliName				
House#				
PARA SA	Street Address	-0		
City			Zip Code	Date [MM/DD/YYYY] \$
Receipt/Description				
Füll Näme				
House#	Street Address			
City			Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			sa Anticka	<u> </u>
Full Name			<u> </u>	
House#	Street Address			
icity			Zip Code	Date [MM/DD/YYYY] 5
Receipt Description	A\$0.384			
Füll Näme				·
House#	Street Address			
City			ip Code	Date [MM/DD/YYYY] \$
Receipt Description	A Company of the Comp		<u>Adel Cafa</u>	
Füll Näme			···-·	
House#	Street Address			
City	S		ip ode	Date [MM/DD/YYYY] \$
Receipt Description			100 10 10 10 10 10 10 10 10 10 10 10 10	
Füll Name	32/4/4 X468/4 X50-X4			
<u> </u>	Street Address			
City,	With the Control of t	tate Z	(p) (3)	Date [MM/DD/YYYY] \$
			dde.	Date [MM/DD/YYYY] \$
Receipt Description		·		

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:			
	BUTIONS RECEIVED=VA	JE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	TO \$250,00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	e mar en et al el 1 de 1941 kan met soud blev i mission i ele k <u>ej no elem</u> a kan elegistet e
3. IN-KIND CONTRIBUTION RECE		00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$ \$ \$	<u>ger</u> afort att siden av en heft av 1900-lande <u>gant til siden sen he</u>
		1	
TOTAL VALUE OF IN-KIND CONTRIBUTIO		1 ' 1	
PERIOD (Add and enter amount totals for on Page 1, Report Cover Page, Item F)	om boxes 1, 2, and 5; a	o enter	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

FIGHT CALIFORNAL STORY		
Full Name of Contributor		Date [MM/DD/YYYY] \$
#Bouse# Street Address		No.
House # Street Address		Date [MM/DD/YYYY] \$
Gity.	State Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		
Full Name of Contributor		Date [MM/DD/YYYY] \$
Höbse# Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY)] \$
Description of Contribution		
Füll Name of Contributor		Date [MM/DD/YYYY] \$
Street/Address		Date [MM/DD/YYYY] \$
(City)	State Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		
Füll [®] Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
Gity	State Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		
Füll Name of Contributor		Date [MM/DD/YYYY] \$
House# Street Address		Date [MM/DD/XYYY] \$
Gity	State Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution	E CALLERY L	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer identification	n Number:			
Full Name of Co	intributor (Date [MM/DD/YYYY] \$
				Company Compan
House#	Street Address			Date [MM/DD/YYYY] \$
				Sac limitorization 1
City	一种表现基础	State	Zip Code	Date [MM/DD/YYYY] \$
		place	ZIP COde	
Employer Name				Occupation
Place of Busines				Description of Contribution
Full Name of Co	ontributor.	N. I		and Administration of Assertance States
				Date [MM/DD/YYYY] \$
House#	Street Address	*****		Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailir	ng Address / Principal	<u>1 - 1</u> 1 1 1 1 1 1 1 1 1 1		Description
Place of Busines				of
Full Name of Cor	distribution de la compa	20 mg		Contribution
tuli Name or cer	triputor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City	F	State	Zip Code	Date [MM/DD/YYYY] \$
 Employer Name				Occupation
	ng Address / Principal			Description
Place of Business				of Contribution
Full Name of Cor	ntributor	Ail	<u></u>	Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
	Su cer Address			Same fractional and the same an
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
	g Address / Principal			Description
Place of Business				of Contribution
		t		Contraduction 1

Statement of Expenditures

Filer Identification Number:	· ····	······································	· · · · · · · · · · · · · · · · · · ·	
Alakar Braziski sport i Mile Brail de soois				

To Whom Paid	R Frank Photography	dic.		Date [MM/DD/YYYY]	S
Town to the town	026 526			04/03/2019	100
House # 2199	Street Address F	oxboro Ct.		Description of Expenditu	ire
City Erie	<u> </u>	State PA	Zip Code 16510	Social Media Photographs	
Tố Whom Paid	Desemble sieme & com	parameter (c)	Forbard, Loss Signature, Left	Date [MM/DD/YYYY]	\$
	DeSantis Signs & Gra	pnics inc.		04/02/2019	597.48
House # 540	Street Address V	est 18th Street		Description of Expenditu	je
Gity Erie		State: PA	Zip Code 16502	Campaign yard signs	inadia. Menindra da indra di selembro de indra de la composició de la comp
To Whom Paid	Community Access M	ladia	In a section desired to the	Date [MM/DD/YYYY]	\$
Section 1		euia		4/17/2019	50
House # 142	Street Address W	est 12th Street		Description of Expenditur	e
City Erle		State PA	Zip Code 16501	Candidate Media Segment	
ាច Whom Paid	PrintPlace.com	-	·	Date [MM/DD/YYYY]	\$
CA SECULIA RESERVED SECULIAR		<u> </u>		10/08/2019	205.35
House# 1130	Street Address	30 Ave H East		Description of Expenditur	ė
Citý Arlington		State	Zip Code 76011	Campaign door hangers	
To Whom Paid				Date [MM/DD/YYYY] \$	
House#	Street Address		· · · · · · · · · · · · · · · · · · ·	Description of Expenditur	<u></u>
City		State	Zip Code	5 4 5 50 Chia Alburi 10 10 Sugara 10 Chia 10 Chia	
To Whom Paid		Mark to the last	Call the Made and the second s	Date [MM/DD/YYYY] S	
House#	Street Address			Description of Expenditure	
Citý	ELSENE BEN	State	Zip		
To Whom Paid	 	ACCOUNTS OF	Code		
State of the				Date [MM//DD/YYYY] \$	
House:#	Street Address			Description of Expenditure	
City		State	Zip		Geologie keighieft für bergung keiden solle k
Tö Whom Paid		D ARVOR O	Code		
,, ovijoni Faju				Date [MM/DD/YYYY] \$	07 67 1 4 1 4
House#	Street Address			Description of Expenditure	ii Taana oo laa serayaana
City		State	Zip Code		<u> </u>
552 WAY 13		Participal Control	k Charles India		

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Nun	n ber:			
Name of Creditor				Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	.\$.
City		State	Zip Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House:#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Debt	#33 발생이 : 발생이 :	1 1	[Seeden Act	
Name of Greditor	(1994) (N. 1994) (N. 1994)			Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt				
Name of Creditor	**************************************			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt		J		
Name of Creditor	2007 1999			Outstanding Balance of Debt
House #	Street Address	1	DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt				